OMB Approval: 1205-0508 Expiration Date: 09/30/2022

Application for Prevailing Wage Determination Form ETA-9141 – Appendix A, Request for Additional Worksite(s)

U.S. Department of Labor

Important Note: Identify any additional worksite(s) for which the employer is requesting issuance of an additional prevailing

wage.	
Additional Worksite 1	
County/State or BLS Area (Metropolitan or Non-Metropolitan Statistical Areas) Name *	
1. County: 2. State: OR 3. BLS Area:	
For Official Government Use Only	
SOC Code: SOC Title:	
Minimum Requirements Prevailing Wage Source:	Alternative Requirements (PERM and H-1B only) Prevailing Wage Source:
Prevailing Wage per Minimum Requirements: \$ per	Prevailing Wage per Alternative Requirements: \$ per
Additional Worksite 2	
County/State or BLS Area (Metropolitan or Non-Metropolitan Statistical Areas) Name *	
1. County: 2. State: OR 3. BLS Area:	
For Official Government Use Only	
SOC Code:	SOC Title:
Minimum Requirements Prevailing Wage Source:	Alternative Requirements (PERM and H-1B only) Prevailing Wage Source:
Prevailing Wage per Minimum Requirements: \$ per	Prevailing Wage per Alternative Requirements: \$ per
Additional Worksite 3	
County/State or BLS Area (Metropolitan or Non-Metropolitan Statistical Areas) Name *	
1. County: 2. State: OR 3. BLS Area:	
For Official Government Use Only	
SOC Code:	SOC Title:
Minimum Requirements Prevailing Wage Source:	Alternative Requirements (PERM and H-1B only) Prevailing Wage Source:
Prevailing Wage per Minimum Requirements: \$ per	Prevailing Wage per Alternative Requirements: \$ per
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FOR DEPARTMENT OF LABOR USE ONLY	
PWD Case Number: Case Status:	Validity Period:to